

ENROLLMENT PACKET FORMS CHECKLIST

- ☐ **Emergency Contact**
- ☐ **Photo / Sunscreen Permission**
- ☐ **Getting To Know You Form**
- ☐ **Email Form**
- ☐ **Child Health Assessment (Due within 60 days)**
- ☐ **Immunizations Form**
- ☐ **Keystone STARS Information**
- ☐ **Emergency Evacuation Plan**

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

CY 867 10/22

Photo and Video Release

I _____ hereby give permission for Angel's Landing to photograph and/or video tape my child/children for the purpose of Center projects and displays.

These photographs may also be used for the purpose of our website.
No names will ever be used or in print for this purpose.

I _____ do not give permission to photograph my child/children.

I _____ agree to provide and give permission to apply sunscreen on my child/children from May through September when the weather calls for it.

Parent Signature

Date

Welcome To Angels Landing!

We would like to welcome you to our center and look forward to getting to know you and your child(ren). By completing this "Getting to Know You" form, you will help us to make your child feel at home in their new classroom. If at any time you would like to meet with your child's teacher and/or the Director, we would be happy to arrange a time convenient for you.

You can reach us at 717-298-6135

Child's Name:_____ Birthdate:_____

Tell us about your child's;

*Siblings?

*Pets?

*Favorite Toys? Food Likes and Dislikes?

*Best way to be comforted?

*Tell us who lives in your household?

*Are there any particular fears we should know about?

*Does your child have any allergies? If so, how are they treated?

*Are there any special needs? (medical, developmental, social)

*Does your child have an IEP or IFSP? If so, may we have a copy so we may provide the best possible learning experience for your child.



Dear Parents,

Angel's Landing will use email to communicate newsletters, menus, announcements and reminders. Please list the email address where you can be reached.

Name: _____

Email: _____

Name: _____

Email: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):

☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



Angel's Landing Emergency Plan

Parents,

This letter is to assure you of our concern for the safety and welfare of all children attending Angel's Landing. Our Emergency Operations Plan provides for all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following procedures;

***Immediate Evacuation**

Students are evacuated to a safe area on the grounds of the facility in the event of a fire. In the event that we need to be away from the facility, students will be transported by staff to the Staples parking lot around the corner on route 422. Parents will be contacted using the emergency contact forms completed at enrollment.

***In-Place Sheltering**

Sudden occurrences, weather or hazardous materials related may dictate taking cover in the building in the basement as the best immediate response.

***Intruder**

When possible, staff have been trained to immediately evacuate the building and transport children to the Staples parking lot around the corner on route 422. Parents will be contacted using the emergency contact forms completed at enrollment.

***Pandemic**

Requiring evacuation from the facility for any period of time. Parents will be contacted and immediate pick up required.

Any evacuation will be posted on ABC27 at www.abc27.com under School Closings and Delays. We will also call you as soon as we reach our destination so you may pick up your child.

We want to stress the importance of keeping your emergency contact information up to date at all times. If we cannot reach you, we will only allow persons listed on the form to pick up your child. We appreciate your understanding and cooperation.

Please feel free to contact Suzanne at 717-298-6135 or angelslandingchildcare@gmail.com should you have additional questions regarding our emergency procedures.